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ABSTRACT

The research literature suggests that the mental health professionals serving lesbians, gay men, and bisexual people may not be prepared to adequately address the unique needs of the population. There is a need to study the factors that influence the degree to which therapists' attitudes and behaviors are affirmative toward their gay, lesbian, and bisexual clients. One obstacle to pursuing this research agenda is the lack of valid and reliable instruments available for research with this population. The purpose of this study is to address the concerns in the literature regarding the lack of reliable instruments by establishing adequate psychometric properties for three scales: the Non-heterosexist Mental Health Organizations Scale, the Affirmative Behaviors with GLB Clients Scale, and the Affirmative Behaviors with All Clients Scale. Preliminary information about the instrument development process, factor structure, and the reliability and validity of these scales is presented. (Contains 23 references.) (GCP)

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Non-heterosexist Organizational Climate and Affirmative Counselor Behaviors: Validation of Instruments

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Non-heterosexist Organizational Climate and Affirmative Counselor Behaviors:

Validation of Instruments

Research suggests that a large percentage of gay and lesbian individuals are likely to seek therapy at some time in their lives (e.g., Sorenson & Roberts, 1997, Bradford, Ryan, & Rothblum, (1994). Unfortunately, the literature also suggests that the mental health professionals serving lesbians, gay men, and bisexual people may not be prepared to adequately address the unique needs of the population. For instance, several studies have found gaps in graduate programs when it comes to training therapists to work with gay, lesbian, and bisexual clients (e.g., Phillips & Fischer, 1998). Furthermore, the research also indicates that therapists may respond in ways that perpetuate some of the harmful biases of the larger culture with respect to attitudes and behaviors toward this population (e.g., Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991). Nonetheless, the subjective experience of those seeking therapy is not always negative (e.g., Sorenson & Roberts, 1997).

There is a need to study the factors (e.g., organizational climate, heterosexism) that influence the degree to which therapists' attitudes and behaviors are affirmative toward their gay, lesbian, and bisexual clients. Further, given that gay, lesbian, and bisexual clients are a "hidden minority" (Fassinger, 1991), it is also important to examine the extent to which therapists are affirmative towards all their clients. One obstacle to pursuing this research agenda is the lack of valid and reliable instruments available for research with this population (Bieschke, Eberz, Bard, & Croteau, 1998; Bieschke, McClanahan, Tozer, Grezgorek, & Park, 2000; Croteau, 1996). Without such instruments, research that might contribute to more responsive psychological service to this population is greatly limited.

The purpose of this study is to address the concerns in the literature regarding the lack of reliable instruments by establishing adequate psychometric properties for three scales: the Non-heterosexist Mental Health Organizational Climate Scale, the Affirmative Behaviors with GLB Clients Scale, and the Affirmative Behaviors with All Clients Scale. Preliminary information about the instrument development process, factor structure, and the reliability and validity of these scales is presented.

Method

Participants and procedure

Survey instruments were sent to a national random sample of 2000 APA-member psychologists currently practicing within an organizational setting. Approximately 75 respondents were ineligible to participate and of the remaining 1925 eligible participants, we received questionnaires from around 592 participants, resulting in a response rate of 30%. There were 281 males and 295 females in the sample (13 did not indicate their sex). Average age of respondents was 50. The majority of respondents reported being exclusively heterosexual (n=407). Five hundred twenty-four participants reported being Caucasion/White.

All participants received a demographic questionnaire, the Non-Heterosexist Mental Health Organizational Climate Scale, the Affirmative Behaviors with GLB Clients Scale, and the Affirmative Behaviors with All Clients Scale. Of the 2000 participants, 200 participants were randomly selected to additionally receive the Multicultural Counseling Awareness Scale (Ponterotto, Sanchez, & Magids, 1990); another 200 participants were randomly selected to additionally receive the Organizational Tolerance for Heterosexism Scale (Waldo, 1999) and the short form of the Attitudes towards Lesbians and Gay Men scale (Herek, 1994); and another 200 participants additionally received the short form of the Marlowe-Crowne Social Desirability

Scale (MCSD; Reynolds, 1982) . Finally, 600 participants were randomly chosen to additionally receive both the Attitudes towards Lesbians and Gay Men scale -short form and the Marlowe-Crowne Social Desirability-short form.

Participants were advised that their participation would take no longer than 20-30 minutes. Given the items' focus on attitudes towards gay, lesbian, and bisexual individuals, participants may have been reluctant to participate if their responses are not anonymous. Thus, participants were not asked to sign and return a consent form. Rather, consent was signified by the return of the completed survey packet. To achieve the goal of anonymous responses while allowing for follow-up contact with participants, participants were tracked by a number displayed on a postage-paid postcard to be returned separately from questionnaire packets. Returning the postcard eliminated the participant from further follow-up contacts. These postcards invited participants to request the results of the study. Two follow-up requests were sent to those participants who did not return the postcard, the second of which included another copy of the research instruments. Thus, responses were anonymous.

Instruments

Demographic questionnaire. This questionnaire was developed by the authors to gather descriptive information about the sample and to assess the influence of demographic variables in the analyses. It included questions regarding participants' gender, ethnicity, age, sexual orientation, academic background and experience doing therapy, as well as about the type of work setting in which they are employed.

Affirmative Behaviors with All Clients Scale (ABACS). The original 10-item version of this scale asked participants to reflect upon their work with all career clients. For the 98 career counselors in the Bieschke & Matthews (1996) study, coefficient alpha was .84. Matthews,

Selvidge, and Fisher (in press) revised the scale for use with addictions counselors. Matthews et al. reported a coefficient alpha of .83 for a fourteen-item version of the scale.

In our revision of the scale, we focused more clearly on behaviors and attitudes that would be perceived as affirmative of GLB clients that counselors might exhibit when working with clients of any sexual orientation. Since gay, lesbian, and bisexual individuals represent a "hidden minority" (Fassinger, 1991, p.157), it is important for therapists to behave with all clients in ways that communicate affirmation to those who may be gay, lesbian, or bisexual. We carefully compared data from the Bieschke and Matthews (1996) study with the data collected by Matthews et al. study focused on substance abuse counselors. Means, standard deviations, and item-total correlations were compared. We revised the items and attempted to make the items relevant to therapists working with clients on a wide variety of issues.

We sent the questionnaire to 10 experts for feedback. Eight responded to our request. We asked the raters to evaluate the items on the basis of readability, coherence, and relevance. We carefully considered the experts' comments and went through each item. Examples of revisions included revising the items to increase clarity or breaking one item into two questions if it seemed we were asking more than one question. We also recognized that some items focus explicitly on sexual orientation/sexual identity while others focus more broadly on "culture." We decided to use the results of the factor analysis to guide our decision-making regarding inclusion of both types of items.

The scale consisted of 13 items that ask participants to indicate the degree to which they engage in specific behaviors with all clients. Examples of items are "I am careful to use language that does not assume a client is in a romantic relationship with someone of the opposite sex," and "In my office I have visible signs (e.g., posters, books, buttons, etc…) affirming gay, lesbian,

and bisexual individuals." A seven-point Likert scale is used for responses, ranging from 1 (completely untrue) to 7 (completely true). Items are summed to obtain a scale score, with higher scores representing more affirmative behavior.

Affirmative Counseling Behaviors with GLB Clients (ACBGLBC). The authors developed this scale as a companion scale to the Affirmative Counselor Behaviors Scale – All Clients. Similar in format, it addresses behaviors that therapists engage in with clients they know are gay, lesbian, or bisexual. The original 20-item Affirmative Behaviors with GLB Clients subscale asked participants to rate statements that describe their behaviors with clients expressing gay, lesbian, and bisexual career concerns. Articles that addressed the career concerns of gay, lesbian, and bisexual individuals (i.e., Croteau & Thiel, 1993; Elliott, 1993; Hetherington, Hillerbrand, & Etringer, 1989; Morgan & Brown, 1991) were consulted and a list of recommended culturally affirmative counselor behaviors for working with gay, lesbian, and bisexual clients was generated. Item development was guided by this comprehensive list of behaviors. Participants were instructed not to complete the subscale if they were unaware whether they had ever worked with a gay, lesbian, or bisexual career client. For the 65 career counselors in the Bieschke and Matthews (1996) study who completed the 20-item scale, the coefficient alpha reliability of this scale was .95. Matthews et al. reported a coefficient alpha of .94 for a 22-item version of the scale in their study of addictions counselors.

Data from the Bieschke and Matthews (1996) were compared with the data collected by Matthews et al. (in press) study focused on addictions counselors. Means, standard deviations, and item-total correlations were compared. We generated additional items, using the then proposed APA Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients (see APA, 2000) as a source for additional items as well the research teams' clinical and research expertise.

We also were informed by the definition of affirmative therapy given by Tozer and McClanahan (1999): "therapy that celebrates and advocates the authenticity and integrity of lgb persons and their relationships."

We sent the questionnaire to 10 experts for feedback. Eight responded to our request. We asked the raters to evaluate the items on the basis of readability, coherence, and relevance and we carefully considered the experts' comments. Examples of revisions included revising the items to increase clarity or breaking one item into two questions if it seemed we were asking more than one question. The length of the scale more than doubled as a result of these deliberations.

Participants were instructed not to complete this scale if they were unsure if they had ever worked with this population. Participants are asked to respond on a seven-point Likert scale ranging from 1 (completely untrue) to 7 (completely true) to 43 items describing specific behaviors. Examples of items are ""I explore the client's internalized homophobia and heterosexism when discussing issues related to shame," and "I assist those clients who are also racial/ethnic minorities to negotiate the norms regarding sexual orientation of both mainstream and racial/ethnic cultures." Items are summed to obtain a scale score, with higher scores representing more affirmative behavior. Some items are reverse scored to control for response bias.

Non-Heterosexist Mental Health Organizational Climate Scale (NHMHOCS)- The NHMHOCS began as a 19-item experimental scale developed by the authors that assessed the respondents' perceptions of their organizational climate in university career centers as it pertains to gay, lesbian, and bisexual issues. Item development was strongly influenced by Eldridge and Barnett (1991), who discussed the importance of an affirming organizational climate, including positive written acknowledgement of lesbian, gay, and bisexual students; verbal recognition of

their concerns; visible resources for these students; outreach to lesbian, gay, and bisexual students; and advocacy for lesbian, gay, and bisexual students. For the 65 participants in the Bieschke & Matthews (1996) study, the reliability coefficient alpha of this scale was .85 and item-total correlations ranged from .34 to .64. Matthews et al. (in press) modified the scale to be applicable to addictions counselors. Matthews et al. reported a coefficient alpha of .87.

We carefully compared data from the Bieschke and Matthews (1996) with the data collected by the Matthews et al. (in press) study focused on substance abuse counselors. Means, standard deviations, and item-total correlations were compared. We revised the items to make them applicable to counseling center/agencies more broadly (instead of specialty specific, such as career or substance abuse treatment centers). We further revised the items to include bisexuality and made editorial changes. As stated previously, item development was strongly influenced by Eldridge and Barnett (1991). Garnets, Hancock, Cochran, Goodchilds, and Peplau (1991) also influenced item development of the revised scale. These authors suggested that it is not only important for therapists to be affirmative but that the overall environment of an agency or organization can and should communicate affirmation for gay, lesbian, and bisexual clients.

During the fall of 2000, we sent the questionnaire to 10 experts for feedback. Eight responded to our request. We asked the raters to evaluate the items on the basis of readability, coherence, and relevance. Examples of revisions included revising the items to increase clarity or breaking one item into two questions if it seemed we were asking more than one question. The NMHOCS sent to participants in this study included 20 items. Participants respond to each item indicating the degree to which the statement is accurate for the agency in which they work. A seven-point Likert scale is used, with response options ranging from 1 (completely untrue) to 7 (completely true). Examples of items are "When candidates are interviewed for jobs, my agency

attempts to identify and screen out people who hold heterosexist attitudes," and " Of the booklets on various topics offered to our clients, some are of special interest to lesbian, gay, or bisexual clients." Some items are reverse scored to control for response bias. Scale scores are obtained by summing all of the items, with higher scores representing more affirmative organizational climates.

Multicultural Counseling Awareness Scale (MCAS; Ponterotto, Sanchez, & Magids, 1990). This scale has 45 items and uses a 7-point Likert format to measure multicultural knowledge, skills, and awareness. Reponses range from "not at all true" to "totally true." Internal consistency for the total scale has been reported as .93.

Organizational Tolerance for Heterosexism Scale (OTH; Waldo, 1999). Waldo developed the Organizational Tolerance for Heterosexism Inventory to measure organizational tolerance for heterosexism. The OTHI is a 12-item measure based on the Organizational Tolerance for Sexual Harassment Inventory (Hulin, Fitzgerald, & Drasgow, 1996). The OTHI has four vignettes that are each followed by three questions that ask employees to rate the believed outcomes if the employee complained about a similar incident in their workplace. Adding the answers gives the scale score. Higher scale scores indicate greater organizational tolerance for heterosexism. Coefficient alpha for the scale is .97. The measure correlated in expected directions with outness about sexual orientation, poor health conditions, stress, and job satisfaction.

Attitudes towards Lesbians and Gay Men Scale-Short Form (ATLG; Herek, 1994). The ATLG – Short Form, is a 10-item questionnaire designed to measure the degree to which individuals espouse attitudes toward lesbians and gays that are positive and affirmative versus homophobic or heterosexist. Five of the items refer to lesbians and five refer to gay men. The

items are written in the form of statements, to which participants respond on a 9-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*neutral or unsure*) to 9 (*strongly agree*). Examples of items are "Male homosexuality is merely a different kind of lifestyle that should *not* be condemned," and "Lesbians just can't fit into our society" (reverse-scored). Possible scores can fall between 10 and 90, with higher scores representing more positive attitudes. Some items are reverse-scored to control for response bias. The short form is condensed from an original 20-item instrument. Herek (1994) reports a coefficient alpha of .90 and test-retest reliability of .90 on the twenty-item version and indicates that the short form proved to be as reliable as the longer version. The coefficient alpha for this study was .88. Additional validity information can be found in Herek (1994).

Marlowe-Crowne Social Desirability Scale-Short Form (MCSD-SF; Reynolds, 1982). The MCSD-SF is a 13-item version of the full length Marlowe-Crowne Social Desirability Scale. Participants are asked to use a true-false response format when responding to each statement (e.g., "It is sometimes hard for me to go on with my work if I am not encourage," and "On a few occasions, I have given up doing something because I thought too little of my ability."). Of the 13 items, five are negatively worded. KR-20 coefficients ranged from .63 to .82 with an overall coefficient of .74, and a six-week test-retest correlation of .74 was obtained (Zook & Sipps, 1985).

Results

Prior to data analyses, the data was screened for missing data as well as linear and multivariate outliers. The sample was randomly divided to generate the two samples for the principal axis factor analysis (PAF) and the confirmatory factor analyses (CFA). Only the results of the exploratory factor analysis are reported.

Principal axis factor analysis

There was significant missing data; only participants who answered every item on a scale were used in the analyses. As suggested by DeVellis (1991), coefficient alpha, skewness, kurtosis, and item-total correlation coefficients were examined to determine whether some items should be excluded from the scale. Principal axis factor (PAF) analyses were completed to better understand the factor structure underlying each instrument to generate alternative models that could be tested in the confirmatory factor analyses. A PAF is preferred when it is expected that factors are intercorrelated (Pedhazur & Schmelkin, 1991). These analyses were completed using SPSS for Windows (Version 11.5).

Results of this analysis were obtained from the pattern matrix obtained from a varimax factor rotation. Substantive factors were selected using a combination of the following criteria (a) an eigenvalue greater than 1.0; (b) explained variance of at least 5%; (c) the scree plot; (d) the magnitude and number of the item loading with other factors (i.e., co-loadings); (e) item loadings greater than .50; and (f) the conceptual meaningfulness of the factors (Tabachnick & Fiddell, 1996).

Affirmative Counseling Behaviors with All Clients (ABACS). Three items had low-item total correlations and were extremely skewed and kurtotic. All three of these items were eliminated from further analyses. Coefficient alpha for the remaining 10 items was .85.

The initial results from the PAF produced two factors with eigenvalues over 1 (42.98 and 13.28, respectively) that collectively accounted for 56.27 % of the explained variance. The scree plot also supported a one- or two-factor solution. The conceptual meaningfulness of the two factors was unclear and the majority of the items appeared to load on the first factor. Item-total

correlations were quite high, also supporting a one-factor solution. As a result of these preliminary findings, the PAF was completed again, this time forcing a one-factor solution.

For the one-factor model, the factor coefficients ranged from .462 to .749. Two items with factor coefficients less than .50 were eliminated, resulting an 8-item scale. The one-factor model appeared to be assessing purposeful gay, lesbian, and bisexual affirmative behaviors and attitudes with all clients. Coefficient alpha for the 8-item scale was .84. See Table 1 for a listing of the items tested in the PAF and their corresponding means, standard deviations, communalities, factor coefficients, and item-total correlation coefficients.

Affirmative Counseling Behaviors with Gay, Lesbian, and Bisexual Clients (ACBGLBC). Twenty items had either low-item total correlations or were extremely skewed and kurtotic. All twenty of these items were eliminated from further analyses. Coefficient alpha for the remaining 23 items was .94.

The initial results from the PAF produced two factors with eigenvalues over 1 (43.29 and 7.11, respectively) that collectively accounted for 50.39 % of the explained variance. The scree plot supported a one- or two-factor solution. The conceptual meaningfulness of the two factors was unclear and the majority of the items appeared to load on the first factor. Item-total correlations were quite high, also supporting a one-factor solution. As a result of these preliminary findings, the PAF was completed again, this time forcing a one-factor solution.

For the one-factor model, the factor coefficients ranged from .43 to .77. One item with a factor coefficient less than .50 was eliminated, resulting in a 22-item scale. Coefficient alpha for the 22-item scale was .94. The one-factor model appeared to be assessing purposeful gay, lesbian, and bisexual affirmative behaviors and attitudes with gay, lesbian, and bisexual clients.

See Table 2 for the a listing of the items tested in the PAF and their corresponding means, standard deviations, communalities, factor coefficients, and item-total correlation coefficients.

Non-Heterosexist Mental Health Organizational Climate Scale (NHMHOCS). Four items had either low-item total correlations or extreme skewness and kurtosis. All four of these items were eliminated from further analyses. Coefficient alpha for the remaining 16 items was .85.

The initial results from the PAF produced four factors with eigenvalues over 1 that collectively accounted for 55 % of the explained variance. The scree plot supported a one-factor solution as did the factor loadings and the conceptual meaningfulness of the solution. As a result of these preliminary findings, the PAF was completed again, this time forcing a one-factor solution.

For the one-factor model, the factor coefficients ranged from .21 to .68. Four additional items were eliminated, resulting in a 12-item scale. Coefficient alpha for the 12-item scale was .86. The one-factor model appeared to be assessing the extent to which an organizational climate was affirmative. See Table 3 for the a listing of the items tested in the PAF and their corresponding means, standard deviations, communalities, factor coefficients, and item-total correlation coefficients.

Validity Information

Validity of the Non-Heterosexist Mental Health Organizational Climate Scale, Affirmative Behaviors with GLB Clients Scale, and the Affirmative Behaviors with All Clients Scale was assessed through inspection of correlation coefficients with the Attitudes Towards Lesbians and Gay Men scale-short form, Multicultural Counseling Awareness Scale, Organizational Tolerance for Heterosexism Scale, and the Marlowe-Crowne Social Desirability Scale-short form. Almost all of the correlations were in the expected direction. The short-form

of the Marlowe-Crowne Social Desirability Scale was not significantly correlated with the NHMHOCS, ACBGLBC, or the ABACS. As expected, the ACBGLBC and the ABACS were correlated with the ATLG (r=-.16 and -.29) and the MCAS-Knowledge sub-scale (r=.63 and .52). The NHMHOCS and the OTHS were significantly correlated (r=.48). Surprisingly, the ACBGLBC and the ABACS were negatively correlated with MCAS-Awareness sub-scale (-.37 and -.36, respectively).

Discussion

The primary purpose of this research paper was to describe the development of three instruments (i.e., the ABACS, the ACBGLBC, and the NHMHOCS) and provide preliminary psychometric information about each. Results indicate that the preliminary psychometric data for each of these scales seems promising.

The ABACS appears to have one factor and to focus primarily on explicit behaviors counselors engage in with all clients that are indicative an affirmative stance towards gay, lesbian, and bisexual clients. This scale encompasses actions counselors take while in session (e.g., using inclusive language, displaying affirmative materials) as well as actions counselors take outside of session (e.g., engaging in continuing education, reading about the glb population). This instruments demonstrated good reliability as well as promising validity. One result is puzzling and merits further exploration—the negative correlation between this scale and the awareness subscale of the Multicultural Counseling Awareness Scale.

Similarly, the ACBGLBC also has one factor and is focused on the attitudes and behaviors counselors engage in with those clients who identify as gay, lesbian, and bisexual. Items include topics of discussion (e.g., workplace issues), foundations of knowledge (e.g., relevant laws), and services provided (e.g., groups, referrals). This instruments demonstrated

excellent reliability and promising validity. Like the ABACS, the puzzling correlation between the ACBGLBC and the awareness subscale of the Multicultural Counseling Awareness Scale needs further investigation. The correlation between the ACBGLBC and the ACBAC is rather high (r=.70), indicating that the two scales are measuring one construct. We believe that it is important to keep the two scales separate given that not all mental health professionals can complete the ACBGLBC if they have not seen client who identifies as lesbian, gay, or bisexual.

Finally, exploratory factor analysis indicated that the NHMHOCS consisted of one factor. The items in this scale consisted of positively and negatively worded items that represented a range of ways in which organizational climates can demonstrate their affirmation of lesbian, gay, and bisexual clients. The internal consistency of this scale is good and the validity information is supportive.

Future studies should continue to investigate the psychometric properties of these instruments. A confirmatory factor analysis, using an independent sample, would provide further information about the factor structure of each of these instruments. Establishing test-retest reliability is also important to establish the stability of the data obtained. Further establishing the validity by obtaining independent judgments of those who rate themselves highly on these instruments would be helpful in countering criticisms of the self-report nature of these data.

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Table 1

Item means, standards deviations, communalities, factor coefficients, and item-total correlation coefficients for the ABACS items used in the PAF

ABACS Item	M	SD	h^2	Factor	Item
1. In my office, I have visible signs (e.g., posters, books button, etc…) affirming a variety of cultures.	3.87	2.27	.26	.51	.46
2. As part of working toward multicultural competence, I focus on increasing my knowledge and skills relevant to working with lesbian, gay, and bisexual individuals.	4.90	1.76	.56	.75	.65
3. I am careful to use language that does not assume a client is attracted to someone of the opposite sex.	5.74	1.31	.38	.62	.57
4. I am familiar with theory and research regarding models of sexual identity development.	5.32	1.44	.30	.55	.50
5. In the written materials I distribute to clients, I am careful to use language that is inclusive of same-sex relationships.	4.65	1.91	.49	.70	.62
6. I provide outreach programs geared toward the lesbian, gay, and bisexual population.	2.44	1.90	.48	.63	.58
7. In my office, I have visible signs (e.g., posters, books, buttons, etc…) affirming gay, lesbian, and bisexual individuals.	2.41	2.02	.39	.68	.65
8. In am careful to use language that does not assume a client is in a romantic relationship with someone of the opposite sex.	5.57	1.50	.40	.64	.55

Note. M=Item Mean; SD=Standard Deviation; h^2=communality; Factor=factor coefficients; Item=Item-total correlation coefficient.

Table 2

Item means, standards deviations, communalities, factor coefficients, and item-total correlation coefficients for the ACBGLBC items used in the PAF

ACBGLBC Item	M	SD	h^2	Factor	Item
1. I help my clients establish connections in the lgb community.	4.69	1.93	.44	.66	.64
2. I inquire whether the lgb client wants children, and if so, I feel able to assist them in considering various options.	4.24	1.99	.50	.70	.68
3. I educate clients about their legal rights if they find they are being discriminated against because of sexual orientation.	4.87	1.79	.42	.64	.62
4. I assist lgb clients in exploring social opportunities that do not involve bars, nightclubs, or other events that revolve around alcohol.	5.11	1.90	.38	.61	.59
5. I help lgb clients make contacts with "out" role models.	3.79	2.02	.52	.72	.70
6. I am familiar with current research regarding stages of lgb identity development.	4.43	1.80	.38	362	360
7. I am familiar with state and local laws that might affect lgb clients around issues (e.g., marriage, domestic partnership, sexual practices, childrearing, adoption, and employment).	4.82	1.58	.34	.58	.57
8. I discuss how to cope with one-the-job discrimination or harassment that is based on sexual orientation.	5.53	1.30	.33	.57	.55
9. I routinely discuss issues of sexual orientation identity development with clients.	4.62	1.80	.43	.66	.63
10. In my office, I have visible signs of lgb affirmation (i.e., posters, books, buttons, etc.).	2.56	2.13	.36	.60	.59
11. I discuss the costs and benefits of "passing" as heterosexual.	4.35	1.79	.40	.63	.61
12. I assist lgb clients in trying to influence work environments to make them more open to those who are lgb.	3.76	1.90	.59	.77	.75

Note. M=Item Mean; SD=Standard Deviation; h^2=communality; Factor=factor coefficients; Item=Item-total correlation coefficient.

Table 2 (cont.)

Item means, standards deviations, communalities, factor coefficients, and item-total correlation coefficients for the ACBGLBC items used in the PAF

ACBGLBC Item	M	SD	h^2	Factor	Item
13. I explore the client's internalized homophobia and heterosexism when discussing issues related to shame.	5.19	1.61	.48	.69	.67
14. I routinely refer clients to programs or resources related to their presenting problems that specifically address the needs of lgb individuals.	5.05	1.69	.26	.51	.49
15. I provide groups, programs, or services specific to lgb populations.	2.48	2.01	.26	.51	.51
16. When working with lgb clients who have a disability, I assess the extent to which their disability affects their involvement in the lgb community.	4.68	1.80	.35	.59	.57
17. I discuss geographical issues that may be relevant with respect to lgb issues.	4.83	1.85	.47	.69	.66
18. I assist those clients who are also racial/ethnic minorities to negotiate the norms regarding sexual orientation of both mainstream and racial/ethnic minorities.	4.88	1.66	.53	.73	.70
19. I assist lgb clients in assessing work environment attitudes toward sexual orientation.	4.55	1.78	.56	.75	.72
20. I attend conference seminars and workshops that increase my knowledge and skill relevant to working with lgb individuals.	4.21	1.98	.36	.60	.58
21. I discuss ways of handling domestic partnership issues in the workplace.	4.34	1.76	.41	.64	.61
22. When working with lgb clients who have a disability, I explore the extent to which medical and rehabilitation personnel are affirmative of diverse sexual identities.	4.27	1.74	.43	.66	.64

Note. M=Item Mean; SD=Standard Deviation; h^2=communality; Factor=factor coefficients; Item=Item-total correlation coefficient.

Table 3

Item means, standards deviations, communalities, factor coefficients, and item-total correlation coefficients for the NHMHOCS items used in the PAF

NHMHOCS Item	M	SD	h^2	Factor	Item
1. When candidates are interviewed for jobs, my agency attempts to identify and to screen out people who hold heterosexist attitudes.	3.47	2.10	.37	.54	.52
2. Staff members at our agency provide a liaison function with lgb organizations in the community.	3.92	2.35	.35	.51	.50
3. Client requests to see a lgb therapist are honored if possible, similar to requests to see a female/male therapist.	4.56	2.30	.34	.50	.48
4. My agency takes an active stance against heterosexism and oppression in the community.	3.94	2.10	.48	.66	.64
5. Information about local resources for lgb clients in NOT routinely available to therapists at our agency (e.g., gay Alcoholics Anonymous meetings).	4.23	2.14	.33	.53	.51
6. Groups targeted specially for lgb clients are publicized outside of our agency.	3.55	2.29	.36	.53	.55
7. LGB issues are NOT incorporated into staff in-service/staff development programs.	4.19	2.25	.50	.68	.60
8. Of the booklets on various topics offered to our clients, some are of special interest to lgb clients.	3.93	2.08	.46	.65	.60
9. When giving outreach programs, therapists at my agency do NOT use examples of lgb situations.	3.97	1.89	.34	.46	.46
10. My agency does NOT have a commitment to seek lgb staff members in order to serve lgb populations more effectively.	3.36	2.11	.38	.60	.58
11. When organizations (e.g., hospitals, treatment facilities) submit literature for our files, care is taken to determine policies regarding lgb concerns.	3.74	1.80	.36	.57	.55
12. When giving outreach programs, therapists at my agency use neutral language so lgb participants can apply concepts to themselves without having to translate pronouns or labels to fit.	4.80	1.58	.37	.58	.54

Note. M=Item Mean; SD=Standard Deviation; h^2=communality; Factor=factor coefficients; Item=Item-total correlation coefficient.

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